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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/348479
	Filing Date	08/23/2003
	First Named Inventor	Thomas E. REMMLER
	Title	Animal Surgical Tray
	Att Unit	3643
	Examiner Name	Bethany L. GRILES
	Attorney Docket Number	569-002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Thomas E. Remmler</i>	Date	10-4-09
Name	Thomas E. REMMLER	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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